

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 11 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N08074</b> 1. Entity Name TREMONT HOMEOWNERS ASSOCIATION, INC.					
2.23 Principal Place of Business 235 TREMONT LANE SARASOTA, FL 34236		Mailing Address 235 TREMONT LANE SARASOTA, FL 34236 2030 BECK RD Northville, MI 48167			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0042317	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip	
Country		Country		08112006 REIN-NP CR2E099 (11/05)	
6. Name and Address of Current Registered Agent  MALLOCH, EILEEN A 235 TREMONT LANE SARASOTA, FL 34236				7. Name and Address of New Registered Agent  Name <b>KEVIN R. CRUTE</b> Street Address (P.O. Box Number is Not Acceptable)  <b>223 TREMONT LANE</b>  City <b>SARASOTA</b> FL Zip Code <b>34236</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>KEVIN R. CRUTE</b>				DATE <b>12-5-06</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$297.50</b>			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUTE, KEVIN 223 TREMONT LANE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300082435913 12/11/06--01025--014 **297.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALLOCH, GORDON M 235 TREMONT LN SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ken P. Pippin 236 Tremont Lane SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALLOCH, EILEEN A 235 TREMONT LANE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		DATE: <b>12-5-06</b>		DAYTIME PHONE #: <b>248-982-9480</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	

12/12/06